

4330

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. <u>130</u>	
STANDARD CERTIFICATE OF DEATH		COUNTY <u>Maricopa</u>		STATE <u>ARIZONA</u>		REGISTERED NO. <u>117</u>	
TOWNSHIP <u>Phoenix</u>		OR VILLAGE <u>23, St. and Weldon Ave.</u>		ST. <u>34</u>		WARD <u>117</u>	
CITY <u>Phoenix</u>		(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)		NO. <u>23, St. and Weldon Ave.</u>		ST. <u>34</u>	
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED <u>9</u> YRS. <u>3</u> MOS. <u>0</u> DS.		HOW LONG IN U. S. IF OF FOREIGN BIRTH <u>34</u> YRS. <u>0</u> MOS. <u>0</u> DS.		HOW LONG IN STATE WHEN DEATH OCCURRED <u>9</u> YRS. <u>3</u> MOS. <u>0</u> DS.		WARD <u>117</u>	
2. FULL NAME <u>Jeanne Pincetl</u>		HOW LONG IN STATE WHEN DEATH OCCURRED <u>9</u> YRS. <u>3</u> MOS. <u>0</u> DS.		WARD <u>117</u>		NON-RESIDENT (GIVE CITY OR TOWN AND STATE)	
(A) RESIDENCE: NO. <u>23, St. and Weldon Ave.</u>		(USUAL PLACE OF ABODE)		WARD <u>117</u>		NON-RESIDENT (GIVE CITY OR TOWN AND STATE)	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Widowed</u>					
5A. IF MARRIED, WIDOWED, OR DIVORCED, GIVE NAME OF HUSBAND OR (OR) WIFE OF <u>Frank Pincetl</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 16, 1865</u>					
7. AGE <u>69</u>	YEARS <u>9</u>	MONTHS <u>16</u>	IF LESS THAN 1 DAY, <u>16</u> HRS. <u>0</u> MIN.				
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>At Home</u>		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.					
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>France</u>		13. NAME <u>Maurice Bertouche</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>France</u>		15. MAIDEN NAME <u>Stanley Pincetl</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>France</u>		17. INFORMANT (ADDRESS) <u>23rd. St. & Weldon Ave.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Francis Cemetery</u>		DATE <u>Feb. 4, 1935</u>					
19. EMBALMER (LICENSE NO. <u>26</u>) SIGNATURE <u>J. T. Whitney</u>		FUNERAL DIRECTOR (ADDRESS) <u>Phoenix, Arizona</u>					
20. FILED <u>2-2, 1935</u>		REGISTRAR <u>O. W. Hooley</u>					
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>2-1-1935</u>							
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Apr. 17</u> 19 <u>34</u> TO <u>Feb. 1</u> 19 <u>35</u>							
I LAST SAW H. <u>er</u> ALIVE ON <u>Dec. 12</u> 19 <u>33</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>8:30-P.M.</u>							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Death was sudden and occurred before I arrived. It was apparently from Coronary Thrombosis</u>							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>2-1-35</u>							
NAME OF OPERATION <u>✓</u> DATE OF <u>2-1-35</u>							
WHAT TEST CONFIRMED DIAGNOSIS? <u>✓</u> WAS THERE AN AUTOPSY? <u>Yes</u>							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? <u>DATE OF INJURY</u> 19 <u> </u>							
WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE) <u>Public Place</u>							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE							
MANNER OF INJURY <u>no</u>							
NATURE OF INJURY <u>no</u>							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u>							
IF SO, SPECIFY (SIGNED) <u>W. J. Smith</u> M. D. (ADDRESS) <u>110 Professional Bldg. Phoenix, Arizona</u>							